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ABSTRACT

The implementation of a drug treatment center in a prison environment is described. Such topics as the program initiation, selection of residents, early program operation are discussed. Program activities such as regular group counseling and rational therapy were developed to assist residents in the resolution of personal problems and interactions which contributed to drug abuse. Problems such as lack of communication and staff disagreements as well as evaluation of recidivism rates were included. The focus is on the general types of problems other rehabilitation personnel implementing a similar program in a prison setting might be expected to encounter. (BN)

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Establishing a Drug Rehabilitation Center in a Prison Setting

Richard C. Page

Very little has been written on the rehabilitation of imprisoned drug offenders. Those rehabilitation efforts which have been undertaken with imprisoned drug offenders have been severely criticized by many writers (Brecher, 1972; Task Force on Federal Heroin Addiction Program, 1974). The Task Force on Federal Heroin Addiction evaluated rehabilitation programs for heroin addicts in federal prisons as being ineffective. One effort to rehabilitate imprisoned female drug abusers has been made by the Florida Division of Corrections at the Florida Correctional Institution, Lowell, Florida.

The Florida Correctional Institution (FCI) currently has a residential drug treatment program for imprisoned female drug abusers. The manner in which this program was developed and the problems involved in implementing it may be of interest to professional counselors working in a variety of settings. The program formed at FCI could be used to rehabilitate drug abusers and other clients with a need to develop more self responsibility and more cooperative and caring interpersonal relationships. This article describes how the implementation of a drug treatment center came about, and comments on the degree of success of the program.

Program Initiation

During 1973 the Florida Division of Corrections provided funds to establish a residential drug treatment center at the women's prison in Florida. This drug house would be located away from the main section of

the women's prison in a previously constructed cottage isolated from the rest of the compound. The inmates who entered this cottage would have no contact with other inmates of the prison. The Florida Division of Corrections provided money for improving the physical structure of the drug cottage and salaries for one drug counselor supervisor, four master's level drug counselors, and six correctional officers.

The building available for the drug house was quite functional. Each resident had a private room. The cottage was in an attractive location; it was large, and a sufficient number of rooms were available for several types of activities to be conducted at the same time. The major disadvantage of the cottage was its previous use as a lock-up cottage with metal doors on each resident's bedroom.

The drug counselor supervisor was selected before the rest of the staff; the initial responsibility of this person was to formulate a treatment philosophy, to hire the staff, to help the staff prepare for receiving residents, and to select the residents. One of the first actions of the drug counselor supervisor was to write a description of the philosophy and activities of the program. This program description was approved by the Superintendent of the Florida Correctional Institution before other staff were hired and before residents were accepted into the program.

Thus, a key factor in the program was that the philosophy and goals of the program were developed by the actual supervisor of Jones Cottage. The philosophy was not imposed from prison administrators or security personnel as in many prison settings or programs.

The two major goals of Jones Cottage were to help residents resolve personal problems which may have contributed to their previous drug abuse, and to help residents learn to care for others and to handle their personal

interactions with others in mutually enhancing ways. The staff of Jones Cottage and the Superintendent of FCI discussed these goals and reached agreement with the overall program objectives before residents were selected.

Selection of Residents

The first residents entered Jones Cottage in 1974 about two months after the staff was hired. Approximately 50 of the 200 former drug abusers at FCI sent requests to the drug counselor supervisor asking to be admitted to Jones Cottage. Either the Jones Cottage Supervisor or one of the Jones Cottage counselors interviewed each of these applicants. The inmates were selected by the entire Jones Cottage staff on the basis of their expressed motivation to participate in the program and on the severity of their drug problems. Inmates with long histories of drug abuse were given priority for admission into the program. Eleven inmates from FCI were selected to participate in the drug treatment program.

Any inmate accepted into Jones Cottage not only needed the approval of the staff of Jones Cottage, but also the approval of a classification team and a transfer committee. Both of these committees were composed of prison employees who worked in the main institution of FCI. All of the eleven participants selected by the Jones Cottage staff were also approved by these two committees.

Each of the inmates initially selected had regularly abused drugs before being imprisoned and all had had drug problems which contributed to their imprisonment. Most were sentenced for sales of drugs, grand larceny, armed robbery, or shoplifting. Six of these residents had been heroin addicts and five had abused other drugs (barbituates, psychedelics, or amphetamines) before being imprisoned. Six of these females were black and

five were white. Most of the approved participants were considered to be "hard core" drug users by the institutional employees at FCI.

Program Operation

The life styles of the inmates changed dramatically when they entered the drug treatment program. One of the major functions of the program was to help residents learn to relate to others in a non-manipulative, effective, and self-enhancing manner. Inmates were encouraged to give up institutional, inmate codes of conduct. Yablonsky (1965) described the typical prisoner as conforming to inmate values, sticking to an inmate groups, and as manipulating others. The program of Jones Cottage was specifically designed to help inmates exchange such behaviors for cooperative and responsible ways of relating to others.

The residents learned cooperative behavior by interacting with other residents and with staff. The residents of Jones Cottage lived together 24 hours a day and participated in all program activities together. Numerous personal conflicts occurred when residents became moody and acted irresponsibly while participating in work activities, recreation, or groups. The inmates' enjoyment of program activities and their level of comfort while living in Jones Cottage suffered when prolonged conflicts occurred among residents. Therefore, a group pressure operated among the residents to make life comfortable in Jones Cottage and to help residents learn to cooperate with one another.

Jones (1968) aptly described the inner dynamics of unstructured therapeutic communities such as Jones Cottage. Jones wrote about a "social learning" process which operates among the residents of therapeutic communities. Jones indicated the participants of therapeutic communities learn

cooperative behavior and other social skills through the effective resolution of personal crises with other participants in the program. As residents resolve conflicts with other residents, they learn how to avoid such conflicts in the future and their interpersonal relationship styles change. Residents learn to relate to others in mutually enhancing ways. The manner in which the residents of Jones Cottage were able to improve the quality of their interpersonal relationship styles operated in a pattern similar to the social learning theory described by Jones.

One of the major responsibilities of staff members (correctional officers and counselors) of Jones Cottage was to help residents learn to get along with one another and to help residents resolve personal crises which occurred with other residents and staff. Jones Cottage employees attempted to help residents examine their manipulative behavior patterns so they might learn more effective ways of relating to others. The counselors conducted assertiveness training sessions and taught empathy skills to enable residents to learn effective social skills.

The degree to which staff members cooperated with one another in teaching these social skills to residents was crucial in determining the success of these efforts. Since most of the Jones Cottage personnel were working closely with the same residents, they needed to support each others' efforts to rehabilitate clients. When staff members failed to support one another's efforts, clients manipulated the staff and the rehabilitation efforts of these employees were undermined. Residents also did not learn to communicate openly about their differences with other residents when they saw the staff fail to communicate about their conflicts with each other.

Thus, it was important for the drug counselor supervisor to promote open communication among all the employees of Jones Cottage. The drug counselor

supervisor actively arbitrated conflicts between staff members over program activities or the interpretation of residents' behavior. Weekly staff meetings were conducted by the drug counselor supervisor. During these meetings, Jones Cottage staff reviewed the progress of residents in the program and discussed conflicts which occurred among staff the preceeding week. All-day staff groups were conducted approximately every two months. Facilitators from outside Jones Cottage sought to help staff members examine their social interactions with one another at the drug house. Additionally, a daily log of all programs, events and resident activities was kept by Jones Cottage personnel. This log was read daily by each staff member and greatly facilitated the staff communication process.

Program Activities

The staff conducted numerous structured activities to teach the residents social, academic, and vocational skills, and to help residents deal with their problems (including their drug problems). The residents participated in various programs each week day from 8:00 a.m. to 9:00 p.m. They usually had free time on weekends. Citizen volunteers, Jones Cottage staff, FCI staff, and the residents themselves conducted activities including counseling groups, art therapy, assertiveness training, recreational therapy, and such classes as Body Awareness, Drug Use and Abuse, Black History, Vocational Explorations, Meditation, Yoga, GED Preparation, and Sewing. Residents usually went on field trips outside the institution once a month.

The group counseling sessions of Jones Cottage were a major way the residents explored personal problems and received feedback on how they related to others. Residents generally participated each week in a reality therapy group, a Gestalt group, and a peer group and less frequently (usually every

two months) in a 16-hour marathon group. These groups enabled residents to experience a variety of therapeutic group approaches and were an integral part of the Jones Cottage program.

Another significant part of the program was the Morning Meeting beginning at 8:00 a.m. each day. During the Morning Meeting, the residents discussed the degree to which each resident acted responsibly in the program. Typical topics included how carefully residents performed house clean-up chores, how much effort residents were making to relate to others in a positive manner, and how frequently residents thought about or discussed drug usage. Residents were confronted by other residents when they engaged in manipulative behavior. When such confrontations occurred the members providing feedback were encouraged by staff (and consequently other residents) to empathize with the person being confronted. The member being confronted was helped to consider and accept or reject feedback in a nondefensive manner.

Most disciplinary matters were handled by the residents themselves during the Morning Meetings. The residents were responsible for arriving at solutions to such house problems as the refusal of drug house members to perform house clean-up chores or to participate in scheduled activities. The counselor of each resident, however, was responsible for enforcing the three cardinal rules of the program which forbade drug use, escape attempts, and physical violence. When one of these rules was violated, the resident's counselor and the drug counselor supervisor decided on the final actions to be taken.

The staff of Jones Cottage administered the program as democratically as possible. The custody staff and the counseling staff had similar job functions. All personnel participated in counseling and also performed such chores as escorting residents to the hospital or dispensing medication

for physical illnesses. Both staff members and residents were expected to participate in groups and to receive feedback in groups. This was important because the staff members could provide an example to residents of being open and willing to receive constructive feedback. Residents often confronted staff members during morning meetings when the residents felt the staff members were acting to the detriment of the program.

Residents received group and individual counseling at least once a week to help them resolve personal problems and to learn how they affected others in their personal relationships. All of the program activities were planned to contribute to the residents' personal, social, or vocational growth. The program activities were intensive and were especially demanding to this population since they often had led very unstructured lives while using drugs.

Problems in the Early Operation of Jones Cottage

Certain problems are almost inevitable when a counseling program is developed within a correctional institution. The philosophies of the staff of the treatment program often contradicted the philosophies of institutional staff whose primary responsibilities involved security functions. The personnel at FCI generally cooperated with the staff of Jones Cottage. Nevertheless, because of the nature of the program, problems stemming from such philosophical conflicts were experienced in establishing Jones Cottage.

The relationship between the correctional officers of Jones Cottage and their custodial supervisors in the Custody and Security Department at FCI were often strained. A lack of communication existed between the custody personnel of the main institution and the personnel of Jones Cottage. The philosophies of the custody supervisors at FCI were naturally oriented toward keeping order in the institution and providing supervision to inmates.

Thus, these custody supervisors were sometimes suspicious of a program with the major purpose of providing a therapeutic atmosphere. Despite conflicts, the correctional officers of Jones Cottage were allowed to function freely and within the designed program philosophy.

Relations with other institutional personnel at FCI were also strained at times. The staff of Jones Cottage and FCI staff often failed to communicate freely and openly with each other. Both staffs often became heavily involved in the routines of their particular settings and failed to keep informed on other programs. Misunderstandings naturally arose from this lack of communication.

Staff relationships within Jones Cottage were of central importance to the successful operation of the program. The staff of Jones Cottage often became involved in disagreements concerning the way staff members related to residents. Sometimes the residents would manipulate such situations. At times staff disagreements impeded the successful operation of Jones Cottage, although generally the staff members were able to successfully resolve personal conflicts with one another.

Jones Cottage was an ambitious program to develop and operate in a prison setting. It is to the credit of the staff at Jones Cottage and FCI that this program continues to operate effectively.

Program Evaluation

An evaluation of the effectiveness of drug programs is complex and difficult. One method of evaluating prison programs is to assess the recidivism rate of program participants. During the first seven months approximately 17 residents participated in the Jones Cottage program. These residents were in the program from three to seven months. All residents

who entered the program completed the program. In August, 1976, two and one-half years after residents were first accepted, three of the first 17 residents had returned to prison in Florida. According to the Florida Division of Offender Rehabilitation statistics, these recidivism rates are substantially lower than the overall recidivism rates of inmates with drug problems in correctional institutions in the State of Florida.

A more subjective way to evaluate the effectiveness of such a program involves determining the progress residents have made in learning to get along together and in solving personal problems. When residents were first accepted into Jones Cottage they constantly were involved in conflicts with one another. Many heated groups were conducted to help residents solve personal crises with other residents. These groups often lasted for many hours and on occasion, residents would walk out of groups. When the program had been in existence for six months most groups centered around the discussion of personal problems rather than being crisis resolution groups. The Jones Cottage staff felt that the residents learned to relate more effectively with one another after participating in Jones Cottage.

The entire program of Jones Cottage needs to be evaluated much more thoroughly. There has been no comprehensive evaluation by the staff of Jones Cottage or by other Division of Offender Rehabilitation personnel of the different components of the Jones Cottage drug treatment program. However, the positive reactions of the residents to the program offer encouragement to others trying to establish similar programs in prisons.

Application

The drug treatment center at the Florida Correctional Institution was successful in rehabilitating some of its residents. These inmates appeared

to increase in levels of self responsibility, to learn cooperative behavior, to learn to value constructive and warm human relationships, and to make progress toward decreasing their dependence on drugs. This writer believes therapeutic communities can work just as well with many types of clients in a variety of settings.

It is important for professional counselors to consider several things when a treatment center is established either in an agency or in a community setting. A concrete working philosophy developed by the staff and a staff committed to this philosophy are mandatory. Staff training sessions need to be conducted before residents enter the program. A constructive and cooperative liaison with the sponsoring agency should be developed. Means to facilitate staff communication need to be initiated. A plan to foster positive public relations can prevent many potential problems. It is important to formulate an effective way to evaluate the success of the program.

The success of the therapeutic community at Jones Cottage indicates the potential of such treatment. The problems encountered in establishing, operating, and evaluating the program suggest guidelines for the development of such communities in other settings.

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